



Rm. B-11, Municipal Bldg. 245 deKoven Drive Middletown, CT 06457-3460

## Questions? Call 860.638.4510 or arts@middletownct.gov

## GRANT APPLICATION >>>>>>> CATEGORIES 2 OR 3

Please download to your device.
Doing so will enable you to work
on it while saving any data you
enter, until you are ready to submit
the completed application.

	Ema	ail:							
APPLICANT:					Phone:				
ADDRESS:		City:			State:	Zip	D:		
PERSON RESPONS	IBLE FOR PROJECT (if other than applicant): $igl[$								
SPONSORING ORG	GANIZATION:								
ADDRESS:		City:			State:	Zip	D:		
Contact Person:		Grant Rec	luest:		Total Pi	roject Co	ost:		
Briefly describe the project/purpose for which the Commission's grant funds are requested:									
The following date must be filled in or application will be returned. Project Completion Date:									
Date(s) of Project:									
Location(s) of Proje	ect:								
Will project take place without MCA funding? ☐ YES ☐ NO The information so far provided is: ☐ firm ☐ tentative									
Are you seeking of	ther funding support? 🗖 YES 🔀 NO If Y	ES, please	e list c	other funding sc	ources:				
List dates of past grants or funding from the MCA (Include amount of grant/funding received):									

Please provide a complete account of the sources and amounts of funds budgeted for the project, including ticket sales and requested MCA funds: INCOME: SOURCE **AMOUNT** (check if confirmed) **MCA** (Middletown Commission on the Arts) **TOTAL** Please provide a complete account of the anticipated recipients of funds and amounts to be expended on the project. This information should reflect how you intend to use the MCA funds: **EXPENDITURES: RECIPIENT AMOUNT TOTAL** IF ADDITIONAL ROOM IS NEEDED TO COMPLETE BUDGET INFORMATION, SUBMIT YOUR BUDGET ON A SEPARATE DOCUMENT. If you anticipate income beyond your expenses, please show that amount here 🖝 and explain below how that income will be used.

Describe any anticipated free (in-kind) services for your project	:						
Please describe the manner in which you plan to promote/pub	icize your project a	and credit the MCA for fun	nding support.				
Please check the areas that reflect the make-up of your intended		_					
☐ Senior ☐ Minority ☐ Handicapped ☐ Adults	☐ Youth ☐ Ch	nildren 🗖 General					
How large an audience do you expect? Per presentation:		Total:					
now large an addience do you expect: Per presentation:	r	IOtal:					
How many participants (not including audience) will be involved	ed in the project?						
Will you be selling 1) tickets ☐ YES ☐ NO Price:	2) program	ads? SYES NO Price:					
		1					
Do you anticipate that your project will impact the citizens of N	Middletown? Please	explain how in the space	provided.				
NOTE: APPLICANTS ARE ADVISED TO RETAIN A COPY OF T	HE COMPLETED AP	PLICATION AS SUBMITTED	TO THE MCA.				
Date:	Autho	rized Applicant Signature					
RETURN COMPLETED GRANT APPLICATION TO: City Arts & Culture Office	Autho	Authorized Applicant Name					
Rm. B-11 • Municipal Bldg.		· ·					
245 deKoven Drive	Autho	rized Applicant Title					
Middletown, CT 06457-3460	, (31)						

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